<u>UP-10</u> 1-12

## **NEW JERSEY UNCLAIMED PROPERTY CLAIM INQUIRY FORM**

**Instructions:** 1) Print neatly

- 2) Answer all Pertinent Questions
- 3) **Mail to:** State of New Jersey, Unclaimed Property Administration, PO Box 214, Trenton, NJ 08695-0214 ATTN: Claims Section

Ī	Last Name or Company Name	First Name		MI	-	
5	Street Address	City		State	Zip Code	
2.	The above name is (check one): $\Box$	My current name ☐ Maid	en or previous nar	ne 🗆 Coi	mpany name 🗆 Another p	person
<b>3</b> . ]	Is the person who you're attempting	ng to recover property for d	eceased?   Yes	□ No		
4. 1	My interest is that of (check one):	□Owner □Executor/Adm	nistrator □Guard	ian □Ber	neficiary   Attorney     Co	mnany
	My interest is that of (check one):					ompany
5. \$	Social Security Number / FID # of	Fname / Company (for ow	nership verification	on)		ompany
5. \$	Social Security Number / FID # of		nership verification	on)		ompany
5. \$	Social Security Number / FID # of Current Information:  Name or Comp	Fname / Company (for ow	nership verification	on)		ompany
5. \$	Social Security Number / FID # of	Fname / Company (for ow	nership verification	on)		ompan
5. \$	Social Security Number / FID # of Current Information:  Name or Comp	Fname / Company (for ow	nership verification	on)		ompan